

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

May 2, 2003

Re: IRO Case # M2-03-0834

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Orthopedic Surgery. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient is a 26-year-old female who on ___ reportedly injured her lower back, right leg, buttock, ankle, wrist and shoulder. The patient presented with diffuse complaints of upper back and neck pain; mid back pain; neck stiffness; pain in the lower back, arms and right leg; and numbness, tingling and weakness in the right arm and fingers as well as in the right leg and foot. She was treated extensively and had an exhaustive workout for a cervical/lumbar sprain, subacromial impingement syndrome, and carpal tunnel syndrome. The patient was initially treated by a chiropractor, and eventually was referred to an orthopedic surgeon for evaluation. A carpal tunnel release was recommended on the first office visit, and the patient was instructed to perform nerve gliding exercises. There is no

documentation in the records submitted for this review of other nonoperative treatment measures such as splinting, anti-inflammatory medications or steroid injections.

Requested Service

Right carpal tunnel release

Decision

I agree with the carrier's decision to deny the requested procedure.

Rationale

Inadequate documentation was presented for this review of alternate treatments for this patient's clinical diagnosis of carpal tunnel syndrome. Nerve conduction studies fail to demonstrate a conduction delay of the median nerve of the wrist, but rather, suggest a possible C7 neuropathy. Without a favorable response to a diagnostic and possibly therapeutic carpal tunnel injection, this patient does not appear to be a good candidate for surgical release of the transverse carpal ligament. In the documentation provided, there is no good objective evidence of pathology.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to:
Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P O Box 40669,
Austin, TX 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308(t)(2)).

Sincerely,

In accordance with Commission Rule 102.4 (b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor or claimant via facsimile or US Postal Service from the office of the IRO on this 5th day of May 2003.